

11/08/01
1129 U.S. PTO

PTO/SB/17 (11-01)
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p>Compleat if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Not yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>November 8, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>R. KIRK</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Group Art Unit</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>Unassigned</td> </tr> </table>		Application Number	Not yet Assigned	Filing Date	November 8, 2001	First Named Inventor	R. KIRK	Examiner Name	Unassigned	Group Art Unit	Unassigned	Attorney Docket No.	Unassigned
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 1,129.00															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 05-0206 Deposit Account Name: Hunton & Williams </p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>370</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 370.00)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <p> Total Claims: 53 -20** = 33 x 9 = 297 Independent Claims: 14 -3** = 11 x 42 = 462 Multiple Dependent: = </p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 759.00)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	740	201	370	Utility filing fee	370	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$ 370.00)	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 759.00)	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Samson Vermont	Registration No. (Attorney/Agent)	42,202
Signature		Telephone	202-955-1500
		Date	11/08/01

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